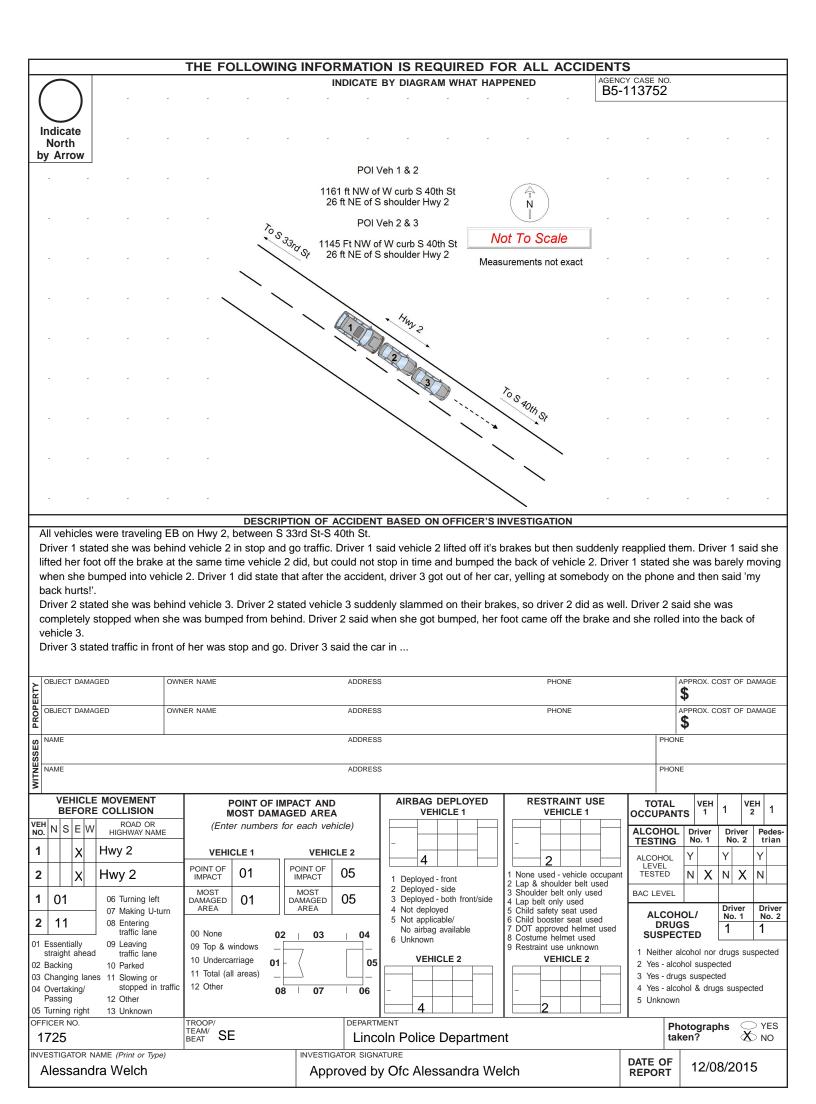
21505 73103	51450 3		State of N Investi	ebraska gator's	Mot	tor Ve	ehicl	e A	ccid	er	nt Re	eport		Shee	et _1	of	5		
3	Total Nu of Vehi		Local No./ District 108		Agency Case No. B	5-11375	2			ı	HIT & RUI		_	INVESTIGATION MADE AT SCENE? YES NO					
A/1 01 A/2	DATE OF ACCIDENT		8/2015	S M T W TH F S											STATE USE ONLY				
В	OF ACCIDENT	CITY	Lincoln											12/08/2015					
50	ROAD ON WHICH STREET/												LATITUDE						
с 4	STREET?												LONGITUI	DE			\dashv		
D	IF AT INTERSECTION IF NOT AT INTERSECTION																		
1	NAME OF INTERSECTING ROADWAY X FEET MILES N S E W OF NEAREST STREET, 1145.00 X S 40th St											T, BRIDGE	, BRIDGE, RAILROAD CROSSING						
V1/M 08 V2/M	MILES		N S E	F ACCIDENT V	VAS OUTS	IDE CITY L	IMITS, IN	W OF	DISTANCI NEAREST Y OR TOWI		ROM NEAF	REST TOWN							
01 E 1																			
r F						V	/EHICLE	NO. 1							<i>A</i>				
1 V1/N	DRIVER LICENSE DRIVER Sharla		NO. 01505	162					PHONE 4024	116	0519	STATE (Of License)	SD LOCAL N		EX 🔀	♦ FEMALI → MALE	E		
1 V2/N	DATE OF RIDER ADDRESS CITY, STATE, ZIP DATE OF RIDER 12/20/1060														V1	1/1			
1	OWNER Sharla J Yeacklev PHONE 4024160519 LOCAL NO. 12/20/1969															1/2			
G 2	OWNER ADDRESS CITY, STATE, ZIP CITATION PENDING NO LB497862																		
Н	LICENSE PLATE												STA (Of P		SD	V1	1/3		
5 V1/O	VEHICLE		2004 Mazda Tribute Compact Utility blue										TIMATED DAMAGE TOTALED \$ 25						
1 V2/O	VEHICLE ID NO. (VIN)	4F2	2YZ94114K	M31974							Wade	e company ena Insurai	nce					1/5	
1	TOWED TO				TOWED BY						POLICY NO WAF	23VNS					V1	1/6	
1	DRIVER		NO. H1341			V	/EHICLE	NO. 2				STATE	NE	91	EX X	FEMALI	_	15	
V1/P	DRIVER BRITTAI								PHONE	114	1989	(Of License)	LOCAL N		-^ <u>_</u>	MALE	L		
1 V2/P	DRIVER ADDRI	ESS	r #310, LIN(STATE, ZIP			402	410	1707	DATE OF BIRTH (MM / DD / YYYY	12/1	2/10	Q1		_	^{2/1}	
1	OWNER BRITTAI		<u> </u>	JOLIN, INC	00010				PHONE	110	1989	(MM / DD / YYYY	LOCAL N	O.			V2	2/2	
^J 01	OWNER ADDRI	ESS	r #310, LIN	COLN NE		STATE, ZIP			102		ITATION PEND	YES	CITATION		<u> </u>		V2	2/3	
V1/Q	LICENSE PLATE	D.4	NO. TKD78								YEAR ate Expires)	2016		STA (Of P	TE late)	NE	V2	2/4	
4 V2/Q	VEHICLE	YEAR		MAKE KIA	N	Forte		BODY ST	or Seda	an	color		STIMATED TOTALE				V2	2/5	
4 K	VEHICLE ID NO. (VIN)	KN	AFU4A20C									ressive Ins					1	18	
01	TOWED TO				TOWED BY						POLICY NO							^{2/6} 15	
		Comp (Con	olete this s	ection for	r all inj	ured pe	rsons					OF BIRTH	Seat Position	2 Eject	Body Region	Injury Sev. T	5 Trans.	SEX M F	
VEH. #	GRACE A HUYNH 7650 Holdrege St, Lincoln, NE 68505										6/07/19	973	01	1	05		2	F	
3	LOCAL NO.		MEDICAL FACILIT					ERVICE NAM	re & Re	esci	ue		EMS RU	N REP	ORT NO.				
VEH. #	NAME		1	AD	DRESS														
	LOCAL NO.		MEDICAL FACILIT	Y NAME			EMS S	ERVICE NAI	ME				EMS RL	N REP	ORT NO.				
VEH. #	NAME		1	AD	DRESS														
	LOCAL NO.		MEDICAL FACILIT	Y NAME			EMS S	ERVICE NAI	ME				EMS RU	N REP	ORT NO.				



215051450 73103					State of N		Motor	Vehic	le A	ccider	nt Co	ont	inuati	on Rep	ort	Shee	t _3	of	5	_	
					Local No./ District 108	<u>*</u>			Agency	B5-113				·				TE USE O	NLY	_	
Vehicle	Г		DATE (OF ACCIDE	E NT (MM/DD/Y		PLACE	COUNTY	Lan	caster											
Codes		12/	08/20	015			OF ACCIDENT	CITY Lir	ncoln										Seque		
Overlay #2		ROAD	ON WH	HICH ACCI	DENT OCCUR	RED STRE	ET/HIGHWAY			33rd S	St-S 40	th S	St						of Ev		
VEH.#	L								<u> </u>	E NO. 3	_								VEH	1. #	
3		DRI\ LICE		NO.	V002320	26					PHONE			STATE (Of License)	NE		x 2	FEMAL	3		
м 01] (RA	-	HUYNI	Н						4022	2976	5249		LOCAL	. NO.			1. 18	_	
N N	∤ 7	650	ADDRES HOL	DREGI	E ST, LINC	COLN, NE	E 68505	ATE, ZIP						DATE OF BIRTH (MM / DD / YYYY))	07/197	3		2.	_	
1	ļG		CE A	HUYNI	Н		OLTY OT	TE 710			4022					07/197	'3		3.	_	
1					, Lincoln, I	NE 6850	CITY, STA	ATE, ZIP				1 -	ITATION ⊃ PENDIN	⊖YES IG X NO	CHATI	ON NO.			0.		
1	Г	LICE	NSE P	A _{NO.}	TEM207								YEAR te Expires)	2016		STAT (Of Pla	ite)	NE	4.	_	
Q .	Г	VEH	ICLE	YEAR 20	10	MAKE Honda		DEL Civic		4 door	r Sedai		green			D DAMAGE			5.	_	
4	Γ,	VEHIC NO. (LE ID	19XFA1	IF69AE01	 7705						- 1	INSURANCE	company s Mutual I	nsura	ance			18	· —	
	TC	WED 7					TOWED BY						POLICY NO.						°. 45	;	
VEH.#	r							V	'EHICL	E NO. 4	.		70010	021					VEH	1. #	
4		DRI\ LICE		NO.	STATE											SE	FEMAL MALE	.E 4			
M		RIVER									PHONE				LOCAL	. NO.			1.		
N	DF	RIVER	ADDRES	S			CITY, STA	ATE, ZIP						DATE OF BIRTH (MM / DD / YYYY))				2.		
	OV	VNER									PHONE				LOCAL	NO.					
0	OV	VNER	ADDRES	CITY, STATE, ZIP CITATION YES PENDING NO											CITATIO	CITATION NO.					
P		LICE PLA		NO.									YEAR te Expires)			STAT (Of Pla	ite)		4.	_	
Q		VEH	ICLE	,	YEAR I	MAKE	МО	DEL		BODY STY	LE		COLOR			D DAMAGE			5.	_	
		VEHIC NO.			,		'			1			INSURANCE								
	TC	WED T					TOWED BY						POLICY NO.						6.		
				EMENT		POINT OF IN	MPACT AND		AIRI	BAG DEPI		Т		AINT USE	Τ.	TOTAL	VE	н	VEH	_	
VEH NO.		EW		OAD OR HWAY NAME	_		AGED AREA for each vehic			VEHICLE _	<u>3</u>	1 F	VEHI	ICLE <u>3</u>	l	COHOL		er No.	Driver N	No.	
3		X	Hwy		VEHIC	n = 3	VEHICL	_F 4	-				-		TE	STING				_	
4			,		POINT OF	05	POINT OF	. <u>-</u>		4				vehicle occupan	. I	COHOL EVEL ESTED	Y N	Х	Y N	_	
					IMPACT MOST	05	IMPACT MOST		2 Dep	loyed - front loyed - side loyed - both		3	Lap & shoul Shoulder be Lap belt only		\vdash	LEVEL		^	14	_	
3	11		07 M	urning left aking U-turn	DAMAGED AREA	05	DAMAGED AREA		4 Not	deployed applicable/	non/side	5	Child safety Child booste	seat used er seat used		COHOL/	Dri	ver No.	Driver N	10.	
4			l tra	ntering affic lane	00 None	02	2 03	04		airbag availa	able	8	Costume he Restraint us			RUGS SPECTED	1			_	
	ght	ahead	tra	eaving affic lane	09 Top & 10 Underc		7			VEHICLE _	4	, ັ,		ICLE 4		Neither ald			suspecte	d	
02 Bac 03 Cha 04 Ove	ngin	ng lane		arked lowing or opped in tra	11 Total (a	° 01		05		-					3	Yes - alcoh Yes - drugs	suspe	ected			
Pas 05 Turr	sing	•	12 O		12 Other	08	8 07	06								Yes - alcoh Unknown	ol & di	rugs susp	ected		
			С	omplet	e this se	ction for	r all inju	red per	sons			ľ		OF BIRTH	1 Sea	at Eight	3 Body	4 Injury		EX 1 F	
		ME				ADI	DRESS						(IVIIVI / L	0071111)	Posit	ion Lieut	Regió	n Sev.	mans. IV	_	
VEH. #		CAL N	0.	MEI	DICAL FACILITY N	AME			EMS SE	ERVICE NAME	=				EMS	RUN REPO	RT NO.	<u> </u>			
	NΛ	ME					DRESS					_			\perp					_	
VEH. #																					
	LO	CAL N	0.	ME	DICAL FACILITY N	AME			EMS SE	ERVICE NAME					EMS	RUN REPO	RT NO.				
VEH. #	NA	ME				ADI	DRESS														
LOCAL NO. MEDICAL FACILITY NAME								EMS SERVICE NAME							EMS RUN REPORT NO.						

	ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT																		
										AGENCY CASE NO. B5-113752									
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Ind	icate																		
bv A	orth Arrow		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
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OFFICER NO. TROOP/ TEAM/ BEAT SE									DEPARTME		_								
172	5				SEAT SE	Ξ				n Polic	e Depa	rtment	· 						
INVEST	IGATOR N	NAME (Pri	nt or Typ	pe)				VESTIGATO								DATE	_		
Alessandra Welch								Approv	ed by	Ofc Ale	ssandr	a Welc	h			DATE O	f 12/0	08/201	5
							1								1		1		

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			Loca	I No./ ict 108					Agency Case No.		В	5-1137	752			STA	TE USE ONI	_Y		
DATE OF ACCIDENT (MM/DD/YYYY) 12/08/2015							PLACE COUNT OF ACCIDENT CITY		Lanca	aster										
ROA	D ON W	/HICH ACCII			D STRE				ncoln vv 2/S 3											
front of	f her s	stopped,					Hwy 2/S 33rd St-S 40th St hen she was bumped from behind. Driver 3 had complaints of low back and													
should Driver	-	ın. s cited/re	lease	d for F	ollow T	oo Clo	sely.	٠					•							
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1725).		E	TROOP/ TEAM/ BEAT SI	E		DE	PARTM		ln Poli	ce Dep	artmer	nt							
NVESTIGATOR NAME (Print or Type) Alessandra Welch																DATE OF ACCIDENT 12/08/2015				